


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 005 ****70.00

DOCUMENT # N04000008808
 1. Entity Name
SOURCE OF GRACE BAPTIST CHURCH, INC.



Principal Place of Business
12825 NE 2ND AVENUE
MIAMI, FL 33138

Mailing Address
12825 NE 2ND AVENUE
MIAMI, FL 33138

40109096



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05282008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
20-0122749

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FERTIL, RICOT REV.
12825 NE 2ND AVENUE
MIAMI, FL 33138

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERTIL, RICOT BR. 12825 NE 2ND AVENUE MIAMI, FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERTIL, LORSINSKA SR. 12825 NE 2ND AVENUE MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JEAN, CHARLES 14635 N E 5TH AVE MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARC, PIERRE B 12605 NW 10TH AVE MIAMI, FL 33168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTHONY, LEXINE 2830 NW 132 ST MIAMI, FL 33054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERTIL, LORSINSKA SR. 12825 NE 2ND AVENUE MIAMI, FL 33138 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Guillot PARCOLOUTE 1174 NW 116 ST MIAMI FL 33168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARIE G. Saint Louis 1957 NW 135 ST Opa Locka Blvd 33054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE NADELLE PARCOLOUTE 1174 NW 116 ST MIAMI FL 33168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **786 201 0315**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #